

# 235th Base Support Battalion

## VOLUNTEER APPLICATION

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

<b>Authority</b>	U.S. Code Section 3012
<b>Principal Purpose</b>	To record essential background information on volunteers.
<b>Routine Uses</b>	Coordinating volunteer services in the community, recruitment of volunteers, planning volunteer award ceremonies.
<b>Disclosure</b>	Providing information is voluntary. Not providing information will prevent keeping a record of individual volunteer qualifications and may prevent volunteers from receiving properly acquired hours.

1. Last Name, First Name \_\_\_\_\_ 2. Date of Birth \_\_\_\_\_
  3. Sponsor's name, Rank, and Unit \_\_\_\_\_ 4. DEROS Date \_\_\_\_\_
  5. APO Address \_\_\_\_\_ 6. Unit Phone \_\_\_\_\_ 7. Home Phone \_\_\_\_\_
  8. Home Address \_\_\_\_\_ 9. Email Address \_\_\_\_\_
  10. Permanent Stateside Address \_\_\_\_\_
  11. Do any of your children require daycare? \_\_\_\_\_ If yes, how many? \_\_\_\_\_
  12. Education: High School ☐ College ☐ Other (specify) \_\_\_\_\_
  13. Occupation and Experience \_\_\_\_\_
  14. Skills, Interests and Hobbies \_\_\_\_\_
  15. Are you interested in appearing in the Registry of Skilled Volunteer Professionals? If so, please list your professional skills/certifications \_\_\_\_\_
  16. What types of volunteer work would you be interested in? \_\_\_\_\_
- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Administration  | <input type="checkbox"/> Clerical Assistance           | <input type="checkbox"/> Foster Parenting   | <input type="checkbox"/> Medical Assistant |
| <input type="checkbox"/> ACS             | <input type="checkbox"/> Library                       | <input type="checkbox"/> Scouts             | <input type="checkbox"/> PTSA/School       |
| <input type="checkbox"/> Fitness Center  | <input type="checkbox"/> Youth Services                | <input type="checkbox"/> American Red Cross | <input type="checkbox"/> Chapel            |
| <input type="checkbox"/> Thrift Shop     | <input type="checkbox"/> Theater                       | <input type="checkbox"/> Service Clubs      | <input type="checkbox"/> Social Clubs      |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Other Programs: specify _____ |   |  |

### ***Volunteer Service Agreement for Gratuitous, AF, NAF volunteer (circle all that apply)***

*I desire to volunteer my services to the \_\_\_\_\_. I agree that my services are being provided as a volunteer and that I am not an employee of the United States Government or any instrumentality thereof except for (AF, NAF volunteers only) certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services, liability for tort claims, the Privacy Act and criminal conflict of interest statutes as stated in U.S.C. Section 1588 (d) (1) (AF volunteer) or 10 U.S.C. Section 1588 (d) (2) (NAF volunteer). I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these volunteer services. I agree to be bound by the laws and regulations applicable to voluntary service providers including the Privacy Act, and agree to participate in any training required by the organization to which I am volunteering. I also hereby release the United States Government from any liabilities of claims arising from my volunteer services (Gratuitous volunteers). These include personal injury, illness, death and personal property damage or loss. Tax deductions cannot be claimed for any expenses reimbursed.*

Signature \_\_\_\_\_

SSN \_\_\_\_\_

Date \_\_\_\_\_